Laser vitreolysis is an outpatient-based procedure, which involves the use of a nano-pulsed ophthalmic YAG laser to vaporize floaters.

During laser vitreolysis, the laser energy converts the floater's collagen and hyaluronin molecules into a gas, which is then resorbed into the eye. It is important to note that laser vitreolysis does not simply break the floater into smaller pieces.

Unlike LASIK (vision correction surgery), which attempts to improve a patient’s visual acuity, laser vitreolysis aims to improve a patient’s overall quality of vision. The optics of the eye – and therefore visual acuity – do not change with following treatment with laser vitreolysis.

On average, most patients can expect a 60-90% improvement in the mass and/or amount of floaters following treatment with laser vitreolysis. Every eye is different and there are a number of variables that affect the outcome of treatment, however. Some floaters, for example, are located too close to the retina and cannot be safely treated.

The majority of patients will need to undergo two or three treatment sessions in order to achieve a satisfactory result.

Reported side effects and complications associated with vitreolysis are rare. Side effects may include cataract and intraocular pressure (IOP) spike.

It is necessary to first undergo an ophthalmic examination in order to determine your eligibility for laser vitreolysis.

During the procedure, nanosecond pulses of low-energy laser light are applied to evaporate the vitreous opacities and to sever the vitreous strands.

Laser vitreolysis is an outpatient-based procedure - you do not need to stay overnight in a hospital.

Reported side effects and complications associated with laser vitreolysis are rare.

Most patients can expect a 60-90% improvement in the mass and/or amount of floaters following treatment with laser vitreolysis.

Laser vitreolysis typically takes from 10-45 minutes to perform.

On average, patients will require 2-3 treatment sessions in order to achieve a satisfactory result.
• Surgery is another treatment options for floaters. Referred to as a “vitrectomy”, during the procedure the vitreous humor is removed. Whilst considered to be highly effective, vitrectomy is invasive and carries a significant risk of bleeding and infection. It can also result in cataract formation.

• Pars Plana Vitrectomy (PPV) is typically performed to treat diseases of the retina such as detachment or proliferative diabetic retinopathy. It involves the removal of the entire vitreous humor, which is then replaced with a balanced, electrolyte saltwater solution. On average, PPV takes 1-2 hours to perform.

• Floater-Only Vitrectomy (FOV) involves the removal of the floater-affected portion of the vitreous humor only. While FOV results in fewer complications than total vitrectomy (PPV), remnants of floaters may remain post-surgery, resulting in significant patient discomfort and frustration.